

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. EEB 8 1937
Primary Registration District No. 791
(No. 4544 Newberry Terrace, 1003)

File No. 3127
Registered No. 148
St. Ward)

2. FULL NAME Alexander Briscoe.

(a) Residence, No. 4544 Newberry Terrace. 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Briscoe.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1st, 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 11 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 362
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Esperstown, Maryland.
(STATE OR COUNTRY)

FATHER 13. NAME Clinton Briscoe.
14. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME (Mary) Unknown.
16. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY)

17. INFORMANT Mr William Briscoe.
(ADDRESS) 4544 Newberry Terrace.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery. DATE Jan 6th, 37

19. UNDERTAKER Albert H. Hoppe.
(ADDRESS) 429 N. Euclid Ave.

20. FILED 19
JE Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 925 A.M.

The principal cause of death and related causes of importance were as follows:

Firebral Apoplexy Date of onset

822
Other contributory causes of importance:
Arterio Sclerosis.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....
(Signed) Harold J. Schuy
(Address) 429 N. Euclid Ave.

JAN 4 1937

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

